

Comments
KDOA's Solutions Forum
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Secretary Johnson-Betts:

The Kansas Health Care Association thanks you for hosting a Solutions Forum and allowing providers of long-term care (LTC) services an opportunity to share our hopes and visions for the future. We appreciate your willingness to listen to our ideas regarding a variety of issues.

Our Association represents nearly 200 nursing and assisted living facilities, including nursing facilities for mental health, long-term care units of hospitals, senior housing and community service providers across the state of Kansas. The majority of our residents are Medicaid recipients.

Rather than taking a piecemeal approach to the issues concerning our state, your approach today of gathering data and melding ideas is to be applauded.

I would like to share ideas in a couple of topic areas:

Planning along the lifespan

Kansas is struggling to fully fund Medicaid and the federal government threatens to reduce funding and the situation becomes more serious each day. Unfortunately very few of our citizens think they can afford or need to purchase private insurance and most fail to make even rudimentary financial plans for their care as they age.

It is predicated that the Baby Boomers that will hit the long-term care 'system' starting in 2011-just six short years away. As wave after wave of our elders make demands on our continuum of care providers, we believe that users of our services must be encouraged to plan alternative funding sources.

In the interest of time, these are some of our ideas for addressing LTC funding needs:

- State provided LTC insurance options similar to Health Wave for those who cannot afford insurance on their own or need help with premiums. I believe that if the State bought LTC insurance for a targeted group of those most in need, we could significantly reduce Medicaid dollars needed.
- Create cost-sharing mechanisms that encourage citizens to pay at least part of the costs of services while exempting those most needy.
- Require reverse mortgages before a person becomes Medicaid eligible. This has the added benefit of allowing folks to live in their homes longer.

- Develop additional incentives for middle-class citizens to purchase long-term care insurance should be considered; doesn't necessarily need to be an immediate tax incentive, could be something that would benefit heirs at some later time. LTC partnerships are working in some states where individuals who purchase LTC insurance and exhaust its coverage can still access Medicaid while protecting some of their assets. Medicaid becomes payer of last resort rather than the first.
- Create a statewide education and public-awareness campaign relating to Medicaid program scams by those who 'impoverish' themselves to become eligible. Increase look-back period to 5 years. Limit the dollar amount and types of funds that can be sheltered in annuities, trusts or promissory notes. Not only must we communicate that these scams are unethical, they are illegal.
- Reduce regulations for regulations-sake. The impact of unnecessary regulations on costs is staggering. Facilities that meet a certain standard of care should not be surveyed again for 2-3 years thus allowing surveyors to focus on poor performers and those needing the most help.

Workplace of the Future

- Improve soft-skills training. Job burnout in our profession is rampant. It's not enough to empower staff; we must also eliminate unnecessary tasks and not continually do more with less; we need to do less of the things that are not about quality care.
- Implement technological changes that streamline paperwork and reduce errors. The State should encourage providers to deploy the latest technology, especially that which allows more direct care time, through tax credits or enhanced rates. Interoperable electronic health records are an important next step in technology for LTC providers.
- Provide employer tax credits and/or deductions who provide medical and long term care insurance for workers who make below a given wage rate. Encourage flexible health spending accounts. (Note: Deductions stimulate purchase of LTC insurance since helps higher income individuals. Tax credits help lower income individuals who have higher probability of becoming Medicaid eligible.)
- Encourage and allow more volunteerism in facilities; don't allow arcane regulations to keep folks from helping residents with some of the daily living needs that would be safe for them to perform

We believe we are on the cutting edge of the nation's movement to transform healthcare and improving quality care. We are offering services that we never imagined a few years ago. We are finding new and innovative ways to deliver those services to meet the demands of our residents and their families.

Our residents tell us that we must deliver services in a more 'home-like' environment. They want more amenities, more services. They want newer facilities, private rooms, and restaurant-quality food. They want showers and other hotel-like amenities including internet access, concierge services and the list goes on. Tomorrow's residents will not tolerate institutional environments. They want choices and more choices.

It will take many such discussions similar to today's dialog to create new realities, new solutions. Again thank you for this opportunity to comment. We look forward to continuing work on these critical issues.